

LATEST #6

FORMS REQUIRED: FORM 1040A, SCH EIC, FORM 8863, FORM 8867, FORM 8812, IT540, SCH E, SCH F, NONREFUNDABLE CHILD CARE CREDIT WORKSHEET

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A LINE 8A CHASE BANK 125

STATEMENTS: ADVANCE EIC PAYMENT 412

NAME: JANE SMITH

PHONE: 123-456-7890

PIN: 34567

TAXPAYER:

NAME: LATEST U PHROZINTHOWES

SSN: 400-00-4308

DOB: 06/12/1964

OCCUPATION: CLERICAL

DISABLED: NO

PRES ELEC FUND: YES

DAYTIME PHONE: NOT GIVEN

BLIND: NO

ADDRESS: 1832 NORTH POLE LANE APT2

BATON ROUGE LA 70808

FILING STATUS: HEAD OF HOUSEHOLD

LINE 6D: 4

DEPENDENT INFORMATION: CHILD TAX

NAME	DOB	AGE	SSN	RELATIONSHIP	#MO	CREDIT	DISABILITY
JESSICA LEE	011789	19	400-55-3008	DAUGHTER	12		DEAF
TAMMY TY	031700	8	400-55-4008	DAUGHTER	12	X	
SAMMY PHROZINTOWES	042804	4	400-55-5008	SON	12		LOSS OF LIMB

LATEST #6

SCHEDULE EIC:

	(CHILD 1)	(CHILD 2)
LINE 1:	TAMMY TY	SAMMY PHROZINTOWES
LINE 2:	400-55-4008	400-55-5008
LINE 3:	2000	2004
LINE 5:	DAUGHTER	SON
LINE 6:	12	12

LA AMENDED RETURN

LA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM PREVIOUS YEARS	
2007	109

STAR RATING	2
--------------------	----------

EDUCATION CREDIT

MILITARY PAY	14650
---------------------	--------------

DRIVERS LICENSE NUMBER	LA 23456789	FEE 24
-------------------------------	--------------------	---------------

RECREATION VOLUNTEER	500
-----------------------------	------------

COMPUTER CONTRIBUTION TO EDUCATIONAL INSTITUTION	280
---	------------

BANK OF AMERICA

RTN: 000650090

ACCOUNT NUMBER: 451239680

CHECKING

LATEST #6

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

TAXPAYER'S FIRST NAME INITIAL LAST NAME	LATEST U PHROZINTOWES
TAXPAYER'S SOCIAL SECURITY NUMBER	400-00-4305
HOME ADDRESS (NUMBER AND STREET)	1832 NORTH POLE LN
CITY STATE & ZIP	BATON ROUGE LA 70808
TAXPAYER'S PRESIDENTIAL ELECTION CAMPAIGN FUND	YES
FILING STATUS	HEAD OF HOUSEHOLD
LINE 6A: YOURSELF (EXEMPTION)	X
NUMBER OF BOXES CHECKED ON 6A & 6B	1
LINE 6C: DEPENDENT #1	
NAME	JESSICA LEE
SOCIAL SECURITY NUMBER	400-55-3008
RELATIONSHIP	DAUGHTER
QUALIFYING CHILD	X
DEPENDENT #2	
NAME	TAMMY TY
SOCIAL SECURITY NUMBER	400-55-4008
RELATIONSHIP	DAUGHTER
QUALIFYING CHILD	X
DEPENDENT #3	
NAME	SAMMY PHROZINTOWES
SOCIAL SECURITY NUMBER	400-55-5008
RELATIONSHIP	SON
QUALIFYING CHILD	X
NUMBER OF CHILDREN WHO LIVED WITH YOU	3
LINE 6D: TOTAL NUMBER OF EXEMPTIONS CLAIMED	4

LATEST #6

LINE 7: WAGES SALARIES TIPS ETC.	37650
LINE 8A: TAXABLE INTEREST	125
LINE 15: TOTAL INCOME	37775
LINE 21: AGI	37775
LINE 22: AGI	37775
LINE 24: STANDARD DEDUCTION	8000
LINE 25: SUBTRACT	29775
LINE 26:	14000
LINE 27: TAXABLE INCOME	15775
LINE 28: TAX	1794
LINE 29: CREDIT FOR CHILD AND DEPENDENT CARE	1104
LINE 32: CHILD TAX CREDIT	690
LINE 34: TOTAL CREDITS	1794
LINE 36: ADVANCE EIC	412
LINE 37: TOTAL TAX	412
LINE 38: FEDERAL INCOME TAX WITHHELD	2024
LINE 40A: EIC	183
LINE 41: ADDITIONAL CHILD TAX CREDIT	1310
LINE 43: TOTAL PAYMENTS	3517
LINE 44: OVERPAID	3105
LINE 45A: REFUND	3105

LATEST #6

SCHEDULE 2

NAME

LATEST PHROZINTOWES

SSN

400-00-4308

PART 1

1(A) CARE PROVIDER'S NAME

KINDER CARE

(B) ADDRESS (NUMBER STREET)

12350 FLORIDA ST

BATON ROUGE LA 70809

(C) IDENTIFYING NUMBER

72-1234567

(D) AMOUNT PAID

4800

PART II

LINE 2:

(A) QUALIFYING PERSON'S NAME

TAMMY TY

(B) SSN

400-55-4008

(C) QUALIFIED EXPENSES

1800

(A) QUALIFYING PERSON'S NAME

SAMMY PHROZINTOWES

(B) SSN

400-55-4008

(C) QUALIFIED EXPENSES

3000

LINE 3: ADD

4800

LINE 4: EARNED INCOME

37650

LINE 5: ALL OTHERS

37650

LINE 6: SMALLEST

37650

LINE 7: AMOUNT FROM 1040A

37775

LINE 8:

.23

LINE 9: MULTIPLY LINE 6

1104

LINE 10:

1794

LINE 12:

1794

LINE 13: CREDIT FOR CHILD AND DEPENDENT

1104

LATEST #6

CHILD TAX CREDIT WORKSHEET

LINE 1: NUMBER OF QUALIFYING CHILDREN	2	2000
LINE 2: AMOUNT FROM 1040 LINE 46		1794
LINE 3: LINE 47 OF 1040		1104
LINE 4: NO		690
LINE 5: YES		690

FORM 8812

NAME	LATEST PHROZINTOWES
SSN	400-00-4308
LINE 1:	2000
LINE 2:	690
LINE 3:	1310
LINE 4A:	37650
LINE 5:	8500
LINE 6: NO	3840
LINE 13:	1310

LATEST # 6

FORM W-2

BOX A: EMPLOYEE'S SOCIAL SECURITY NUMBER	400-00-4308
BOX B: EMPLOYERS IDENTIFICATION NUMBER	01-1234567
BOX C: EMPLOYER'S NAME ADDRESS AND ZIP CODE	US MILITARY 101 SW WASHINGTON ST WASHINGTON DC 20044
BOX E: EMPLOYEE'S FIRST NAME INITIAL LAST NAME	LATEST U PHROZINTOWES
BOX F: EMPLOYEE'S ADDRESS AND ZIP CODE	1832 NORTH POLE LN APT 2 BATON ROUGE LA 70808
BOX 1: WAGES, TIPS, OTHER COMPENSATION	14650
BOX 2: FEDERAL INCOME TAX WITHHELD	820
BOX 3: SOCIAL SECURITY WAGES	14650
BOX 4: SOCIAL SECURITY TAX WITHHELD	908
BOX 5: MEDICARE WAGES AND TIPS	14650
BOX 6: MEDICARE TAX WITHHELD	212
BOX 15: STATE	LA
EMPLOYER'S STATE ID NUMBER	5698711001
BOX 16: STATE WAGES, TIPS, ETC	14650
BOX 17: STATE INCOME TAX	0

LATEST # 6

FORM W-2

BOX A: EMPLOYEE'S SOCIAL SECURITY NUMBER	400-00-4308
BOX B: EMPLOYERS IDENTIFICATION NUMBER	01-1234567
BOX C: EMPLOYER'S NAME ADDRESS AND ZIP CODE	GLACIER INC 21 APPEAL ST KANATA AK 99566
BOX E: EMPLOYEE'S FIRST NAME INITIAL LAST NAME	LATEST U PHROZINTOWES
BOX F: EMPLOYEE'S ADDRESS AND ZIP CODE	1832 NORTH POLE LN APT 2 BATON ROUGE LA 70808
BOX 1: WAGES, TIPS, OTHER COMPENSATION	23000
BOX 2: FEDERAL INCOME TAX WITHHELD	1204
BOX 3: SOCIAL SECURITY WAGES	23000
BOX 4: SOCIAL SECURITY TAX WITHHELD	1426
BOX 5: MEDICARE WAGES AND TIPS	23000
BOX 6: MEDICARE TAX WITHHELD	334
BOX9: ADVANCE EIC PAYMENT	412
BOX 15: STATE	LA
EMPLOYER'S STATE ID NUMBER	382461001
BOX 16: STATE WAGES, TIPS, ETC	23000
BOX 17: STATE INCOME TAX	124

